

Summary and conclusion

Psoriasis is a common chronic immune mediated disease affecting about 2-3% of general population world wide and both sexes equally, and can occur in any age but the commonest incidence occurs between 15 and 25 years age. Psoriasis is a multifactorial disease, so its development and or exacerbation appear to involve an interaction between genetic and environmental risk factors such as stress, trauma and infection. The most common type of psoriasis is plaque type which characterized clinically by sharp demarcated erythematous plaques covered by silvery scales especially on extensor surfaces of the body.

The etiology of psoriasis is not fully understood, but it may be the net result of the interaction among genetic, environmental and immunological factors. Generally, it is believed that factors in the immune system that regulate skin cell division become impaired leading to rapid proliferation of keratinocytes and inflammation which is triggered by environmental factors and genetic predisposition.

It is widely believed that psoriasis is not just a skin disease but a systemic inflammatory process associated with multiorgan complication

The risk of CVD in psoriasis patients is higher than normal population. Cardiovascular disease is an important cause of morbidity and mortality in psoriatic patients because risk factors for cardiovascular disease such as hypertension, hyperlipidemia, obesity, smoking, and hyperhomocysteinemia occur with higher incidence in psoriatic patients and appear to be higher for those with more severe disease. These factors contribute to the formation of

atherosclerosis which is the hallmark of cardiovascular disease in which inflammation plays a major role. Moreover, An increased risk of atherothrombosis in psoriasis patients had been reported independently from the concomitance of traditional cardiovascular risk.

The aim of this was to compare inflammatory markers ,haemostatic and coagulation parameters in psoriatic patients and healthy controls in order to consider measures to prevent or decrease cardiovascular and thrombotic complications..

In order to achieve this aim , this study included 30 psoriatic patients and 20 healthy subjects of matched age and sex who served as controls.Both patients and controls were subjected to full history taking,clinical examination(general and dermatological) ,PASI score calculation for psoriasis patients and blood sample collection for determination of the level of serum Hcyl,folic acid, VB12,CRP,AT-III ,PT and PTT.

The results of this study showed that:

- CRP levels were significantly higher in psoriasis patients than in control group and its level positively correlated with PASI score .
- Serum level of Hcy in psoriasis patient was significantly higher than in control group and positively correlated with PASI score, age of the patients and psoriasis duration.
- Serum folic acid level and VB12 were significantly lower in psoriasis patients than in control group.

- Hcy level inversely correlated with serum folic acid and VB12 levels.
- There was significant lower levels of AT-III in psoriasis patients than in control group and its level was inversely correlated with PASI score.
- There was decreased PT in the studied psoriasis patients more than in control group.

Finally, this study concluded that psoriasis patients have a hypercoagulable state which increases the risk to develop atherothrombosis ,and this is likely related to psoriasis inflammation which cause endothelial dysfunction and oxidative stress ,and is also related to Hhcy which is considered an established risk factor for atherosclerosis and thrombosis ,because it may cause direct endothelial injury followed by facilitated thrombosis ,and causing oxidative damage to the endothelium.